

HB 44 - Correctional Services - Pregnant Incarcerated Individuals - Substance Use Disorder Assessment and Treatment

House Judiciary Committee

February 28, 2023

SUPPORT

Untreated substance use disorder poses substantial health risks to pregnant individuals and their fetuses, with harm ranging from poor fetal growth and preterm birth, to substantial overdose mortality risk. According to the most recent Maryland Maternal Mortality Review unintentional drug overdose is a leading cause of pregnancy-associated death in Maryland¹.

It is well established that, during pregnancy, treatment for substance use disorders generally, and for opioid use disorder (OUD) in particular, is a priority. Treatment, including the use of medication for opioid use disorder, improves outcomes, contributing to reduced obstetrical complications and stabilizing the intrauterine environment for the developing fetus. For these reasons, **federal regulations on OUD treatment (CFR 42 Part 8.12) require pregnant women with OUD to be prioritized for medication treatment.**

Furthermore, a 2017 statement by the American College of Obstetrics and Gynecology outlines that “for pregnant women with an opioid use disorder, opioid agonist pharmacotherapy is the recommended therapy...” Additionally, official policy of the American Society of Addiction Medicine states: **“Pregnant and postpartum people with SUD who are incarcerated should be able to access addiction medications, whether initiating or continuing a medication.”**

Given the high risk of serious adverse outcomes without medication treatment for OUD, particularly during pregnancy, the Maryland-DC Society of Addiction Medicine strongly supports HB 44, facilitating universal access to screening and treatment of substance use disorders for pregnant individuals in the carceral setting.

The required screening for substance use disorder can be accomplished very quickly with a short, standardized screening instrument. Bill provisions requiring access to treatment regardless of anticipated duration of incarceration, as well as requirement to secure health insurance coverage and connection to community resources in a timely manner upon release, are especially important given the sometimes unpredictable release dates and substantial risk of overdose death in the postpartum period; indeed, the average timing of death from overdose according to the most recent Maryland Maternal Mortality Review was 213 days, or approximately 7 months, post-partum.

(over)

¹ <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%20a7%20a7%2013-1207%2013-1208%20and%20%20a713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

It is clear, then, that **HB 44, which requires only that the basic standard of care be provided for pregnant and post-partum individuals in our state's carceral settings, is essential, life-saving legislation that will have a positive impact on Maryland's children and families.** We respectfully submit this testimony requesting a favorable report on HB 44.

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